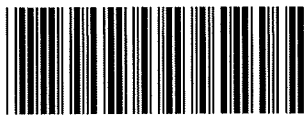




Hôpital général juif
Jewish General Hospital

3755, CÔTE STE-CATHERINE, MONTREAL, QC H3T 1E2



MEDICAL DIVISION OF GASTROENTEROLOGY

ERCP

(Endoscopic Retrograde Cholangiopancreatography)

INFORMATION AND CONSENT

Your ERCP will take place

on _____
at _____ o'clock. You need to register
at room **G-304 of the Jewish General Hospital**. Please ensure to have a
valid hospital card. The procedure will take place in the Radiology suite.

Background Information

An ERCP is a test in which a duodenoscope (a long flexible tube) is passed through the mouth into the upper digestive tract to allow the physician to examine the bile ducts and pancreatic ducts. Once the opening to the ducts (ampulla) is visualized, a catheter is passed through the duodenoscope into the ducts. Contrast material is then injected gently into the ducts and x-ray films are taken. An ERCP is often performed to evaluate a blockage of the biliary or pancreatic duct which can be caused by stones coming from the gallbladder or by tumors or benign narrowings. Once a diagnosis has been achieved, it is possible to treat these blockages by either removing stones or by placing a stent (plastic tube). It may be necessary to widen the opening of the ampulla by performing a small incision using an electrical device passed via the endoscope (sphincterotomy). If an abnormality is detected, the doctor may take a small piece of tissue (biopsy) for further analysis.

Your doctor will be giving you medication through a vein to make you relaxed and comfortable, and your throat will be sprayed with a local anesthetic. You may fall asleep during the procedure. The procedure is well tolerated and any discomfort is usually mild. The tube will not interfere with your breathing. Gagging is usually prevented by the medication.

Your reflexes and judgment will be impaired by the medications you received. It is strongly recommended that you be accompanied because you will not be able to drive after the procedure for 24 hours.

After the ERCP, you will remain under observation in the endoscopy area for 1-2 hours. Your throat may be sore and you may feel bloated for a few hours.

For the best possible examination, your stomach must be **COMPLETELY EMPTY**. It is important to follow these steps:

YOU ARE ALLOWED TO HAVE CLEAR FLUIDS (coffee, tea, apple juice) BEFORE 9H00 AM. You must remain fasting afterwards.

It is important to inform the doctor in advance if you have the following medical conditions:

- You are taking Coumadin, Plavix or other anticoagulants.** You must notify the doctor if you are on these medications as they will need to be modified before the procedure.
- You have diabetes.** Your diabetic medications will need to be adjusted prior to starting the preparation for the ERCP so please notify your endocrinologist or family doctor.
- You require antibiotics prior to dental work due to heart disease.**
- You are allergic to any medications especially iodine.**

Complications

An ERCP is associated with a low risk of complications when performed by specialized physicians. The most common complication is mild pancreatitis (inflammation of the pancreas) that occurs in less than 5% of cases. If that were to occur, it is often managed simply by analgesic medication and fluid hydration which would require a brief hospital stay. Bleeding may occur at the site of the sphincterotomy in 2% of cases. It is usually minor and stops on its own or can be controlled by cauterization (application of electrical current) through the duodenoscope. It is extremely rare that we have to transfuse or perform surgery to stop the bleeding. Another possible complication is a perforation (a tear in the wall of your esophagus, stomach or duodenum) that occurs in less than 1% of cases. If that were to occur, it is managed by aspirating the stomach fluids and administering antibiotics until the opening seals. Rarely it may require surgery to close the tear.

Localized irritation of the vein or a small bruise may occur at the site of injection of medication. This will usually resolve after a few days.

We rarely see reactions to the medication administered during the procedure. These can include slowing of respiration and a decrease in blood pressure. However these resolve by themselves within minutes in the vast majority of cases. Other extremely rare complications can occur in predisposed patients, including a heart attack or a stroke. As for any other medical intervention, cases of death have been reported, but this is extremely rare.

Referring
Physician _____

Indication _____

Informed Consent

I have read and understand the content of this consent form.
I agree to undergo the ERCP, a sphincterotomy or stent insertion.

Patient
signature _____

Witness _____

Date _____

Doctor's
signature _____